

# Integrated Services Plan: Measuring Progress to 2021

Quarterly Contractors Meeting  
September 5, 2018



# Integrated HIV Services Plan

- Five-year plan developed by the Division of Disease Prevention
- Designed around the four goals of the National HIV/AIDS Strategy



Reduce new  
HIV infections



Increase access to  
care and improve  
health outcomes for  
persons living with  
HIV



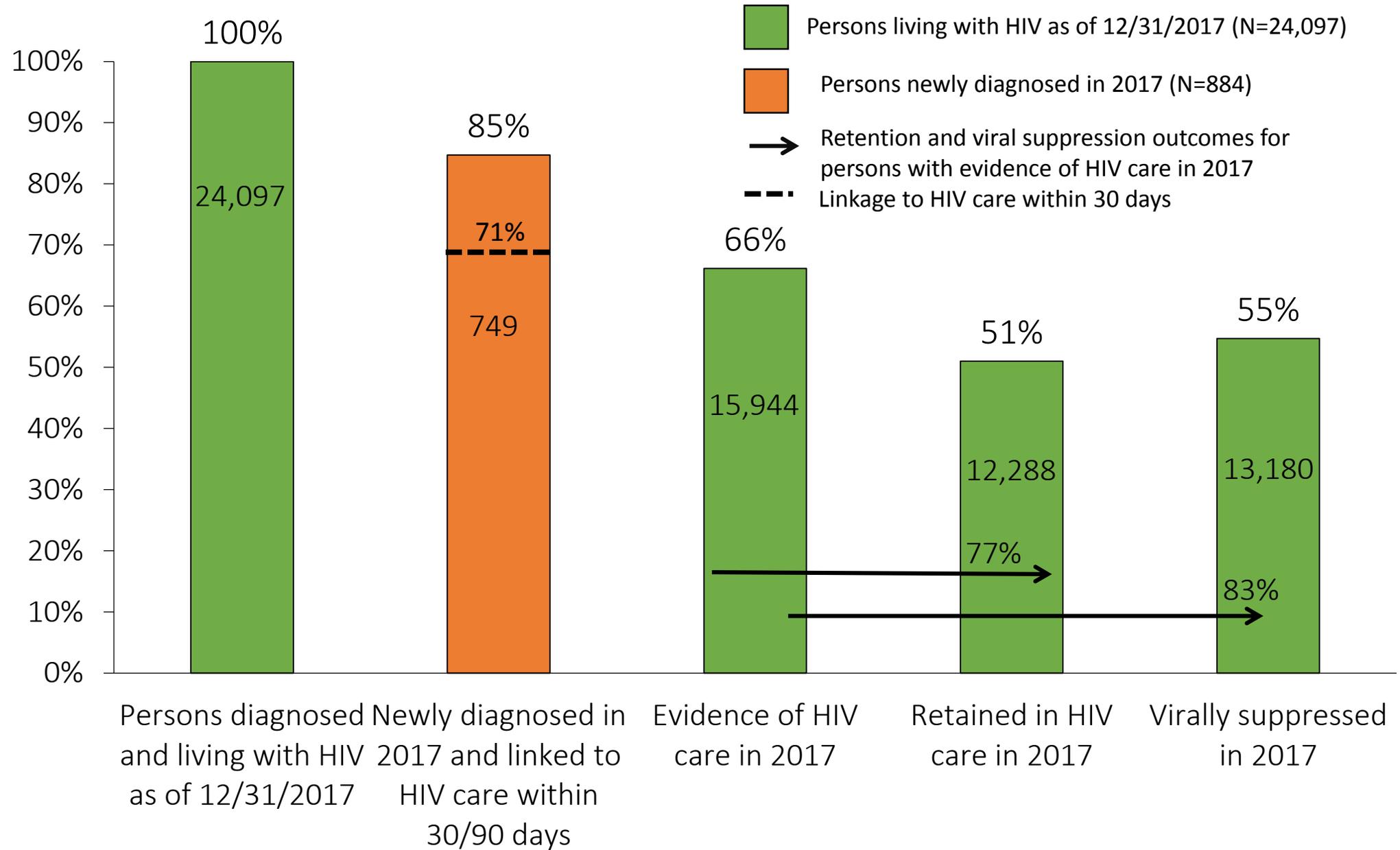
Reduce HIV-  
related disparities  
and health  
inequities



Achieve a more  
coordinated  
response to the  
HIV epidemic



# HIV Continuum of Care in Virginia, 2017





Goal 1: Reduce new HIV infections.

By December 31, 2021, Virginia will increase the percentage of persons living with HIV who are aware of their HIV status to at least 90%.

**2014**

● **86%**

**2015-16**

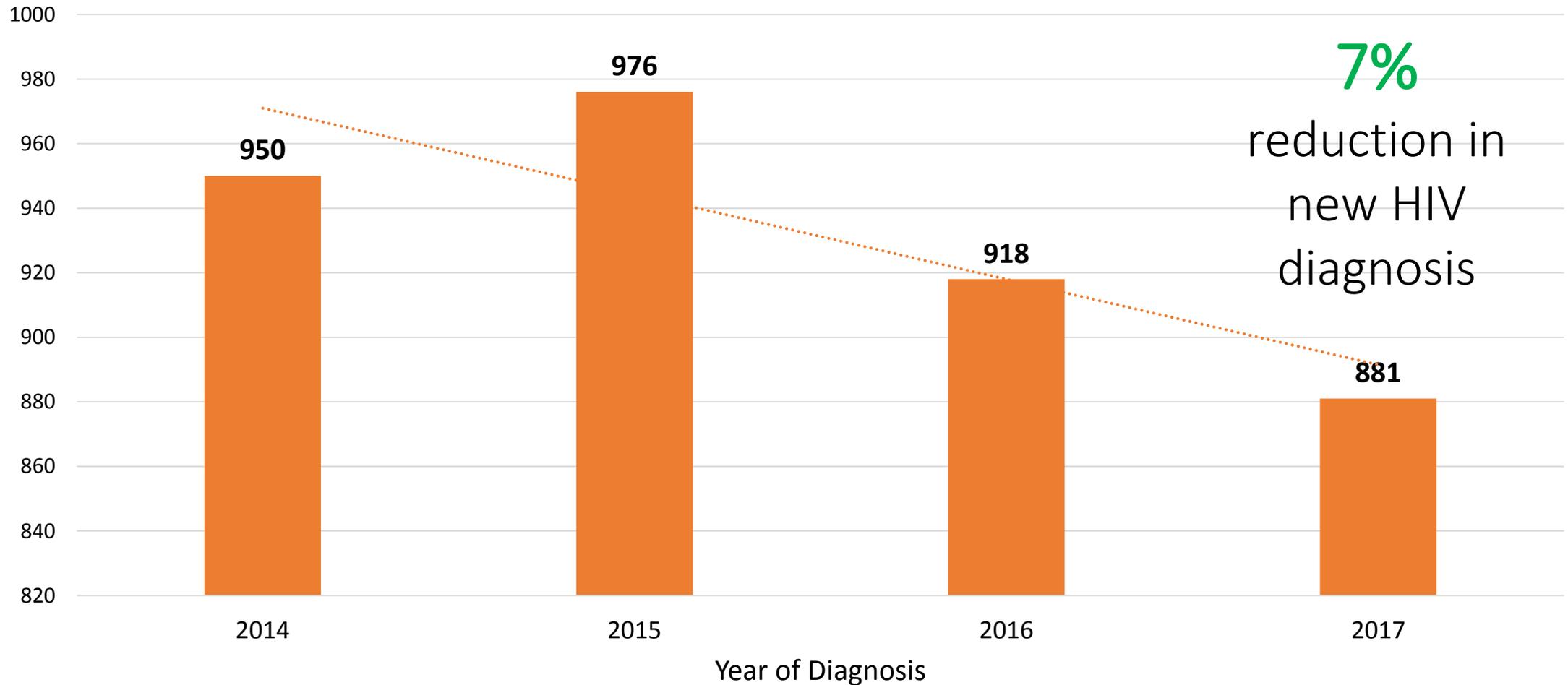
● **89%**

By December 31, 2021, VDH will increase HIV testing among men to 58,350 tests.

- Background
- Baseline (2014): **33,341**
- Current (2017): **30,221**



By December 31, 2021, Virginia will reduce the number of new HIV diagnoses by at least 25%.

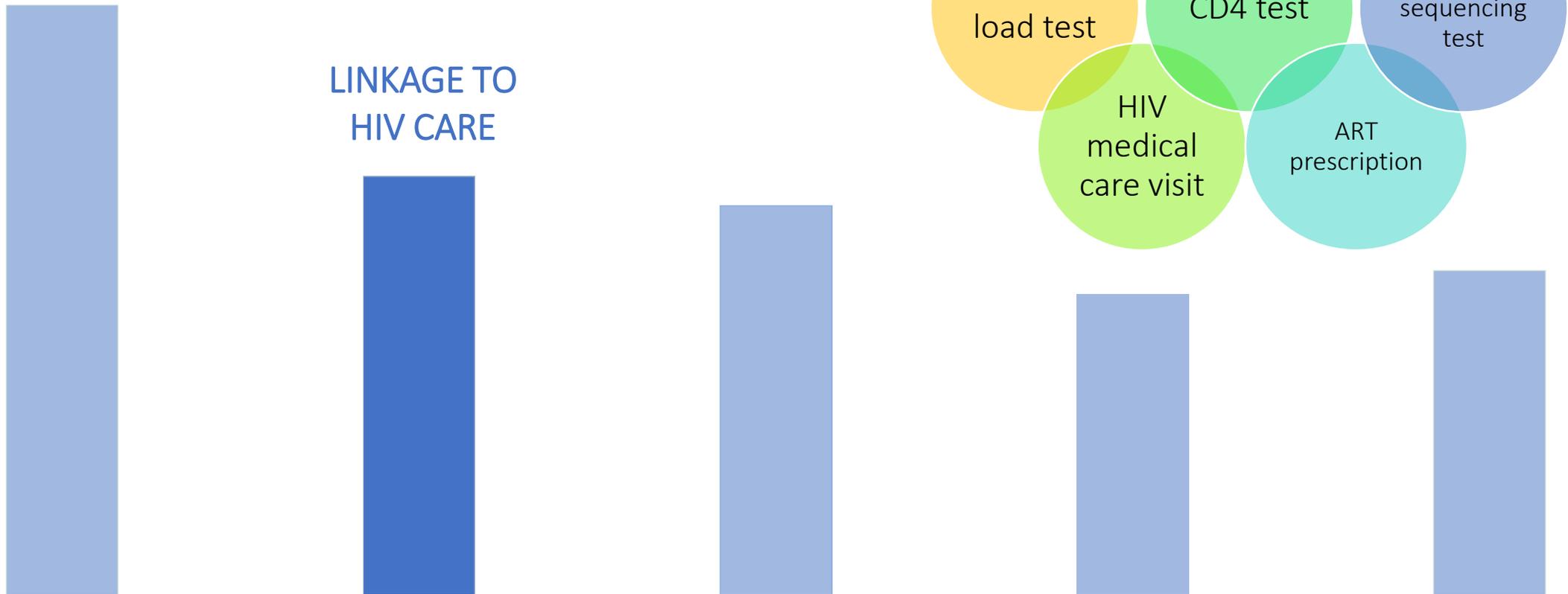




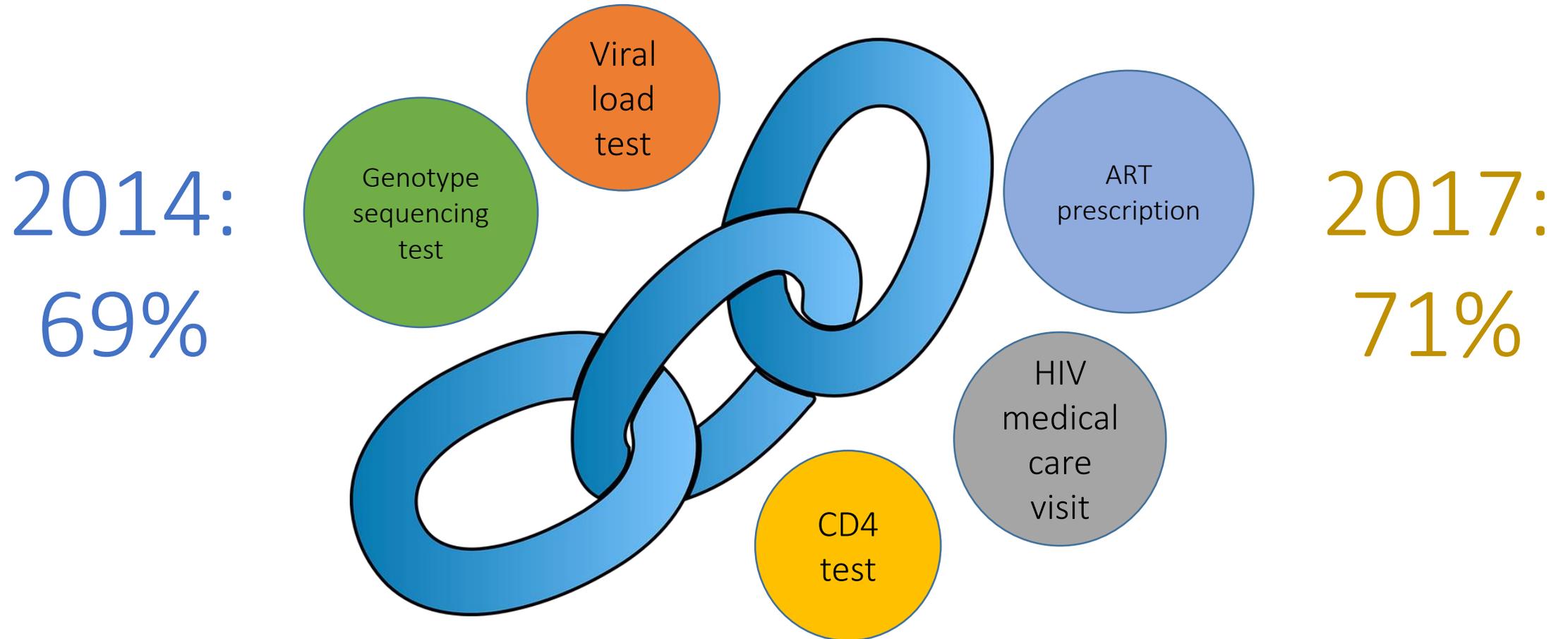
Goal 2: Increase access to care and improve health outcomes for persons living with HIV.

# Linkage to HIV Medical Care

- Defining linkage to HIV care:
  - Having a care marker within 30 days from initial HIV diagnosis (for newly diagnosed persons only)

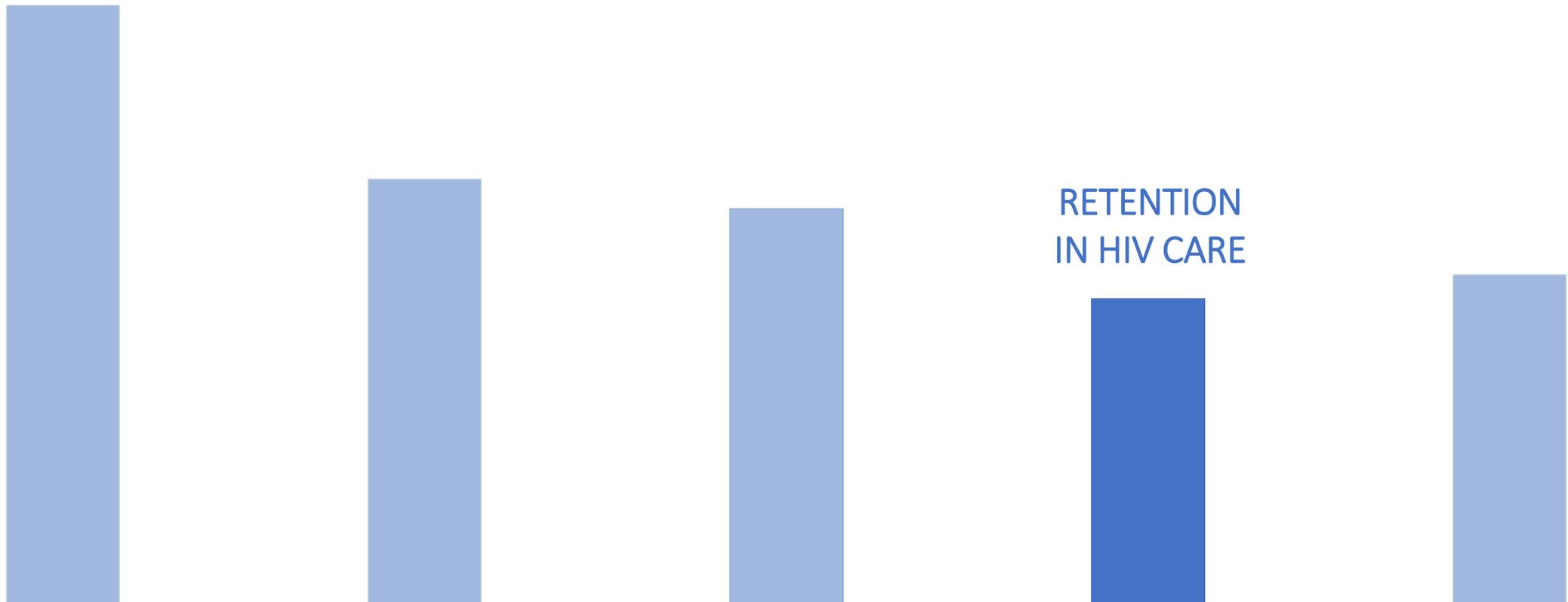


Virginia will increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.

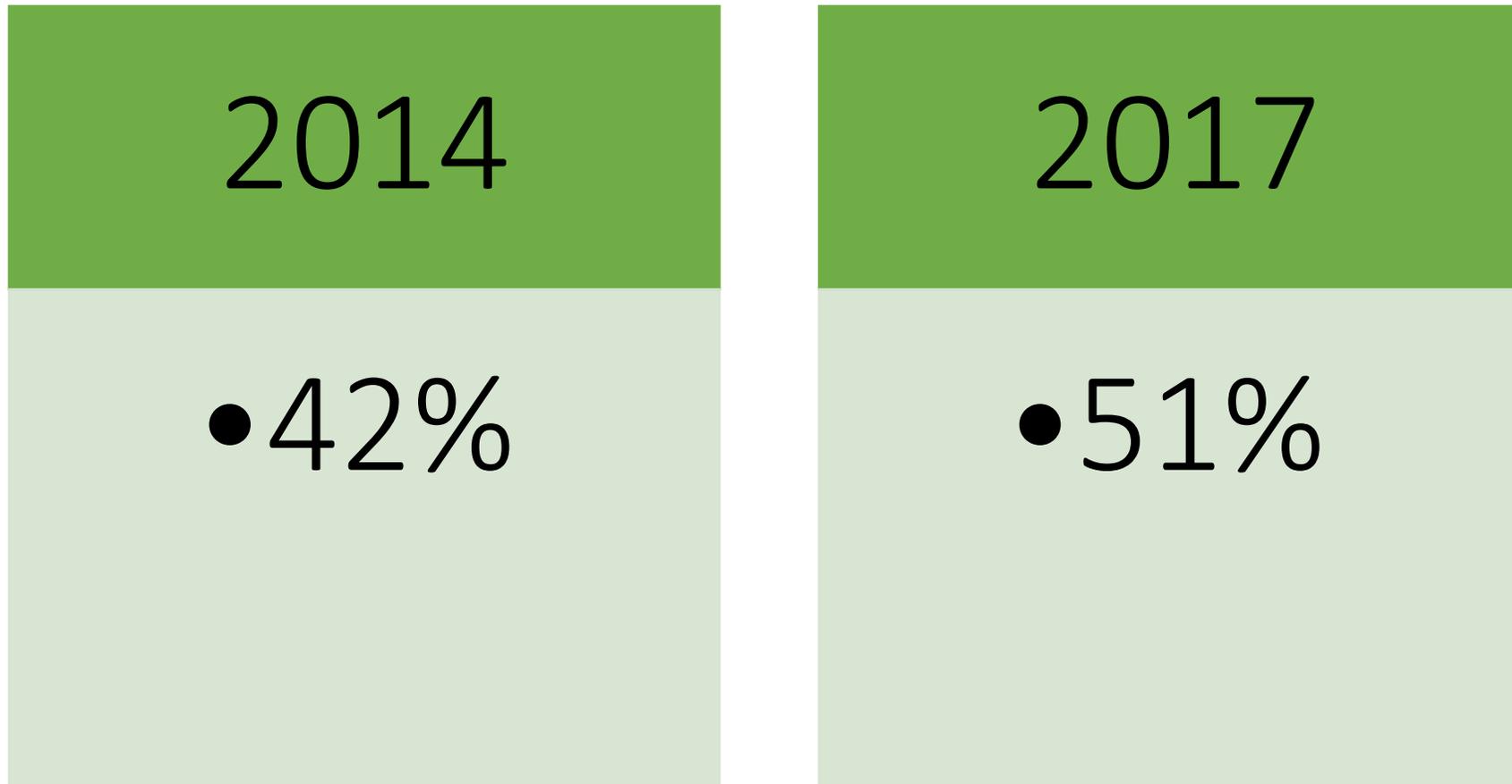


# Retention in HIV Medical Care

- Defining retention in HIV care:
  - At least two care markers in a 12-month time period at least 3 months apart

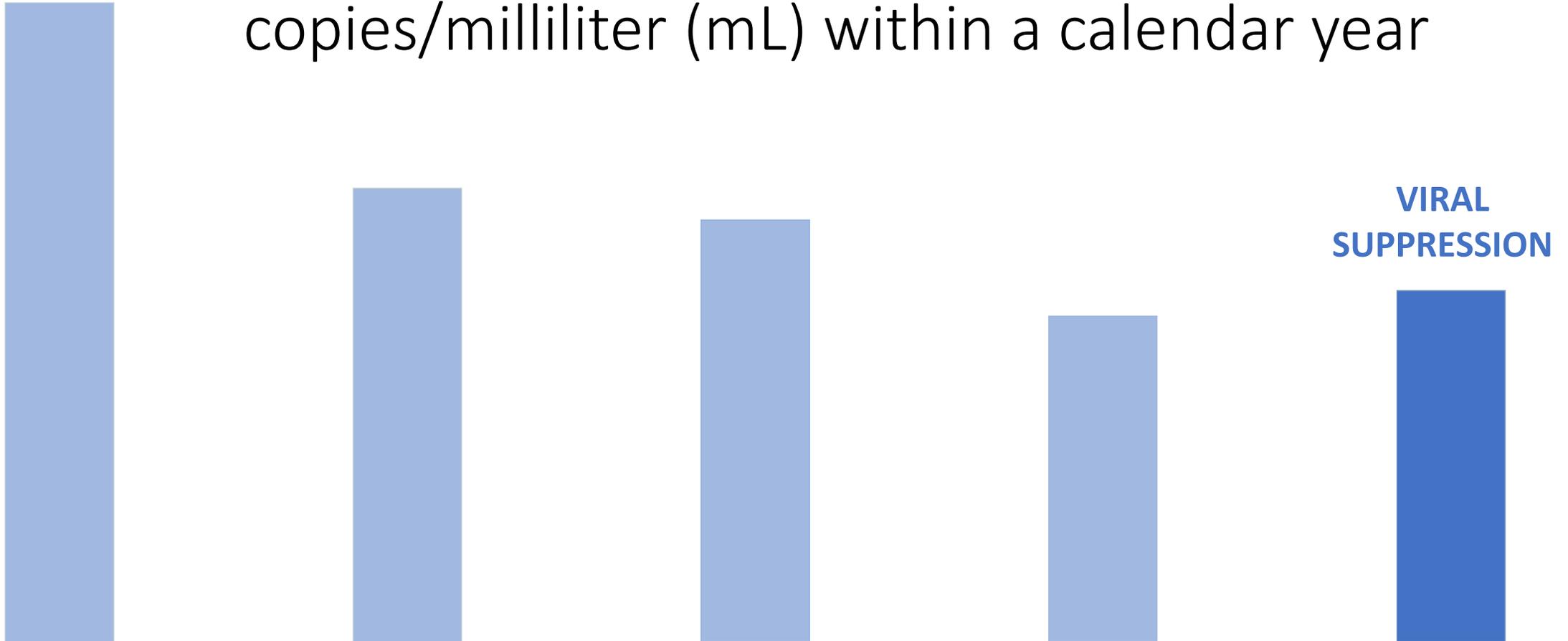


By December 31, 2021, Virginia will increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.



# Viral Suppression

- Defining viral suppression:
  - The most recent viral load was less than 200 copies/milliliter (mL) within a calendar year



By December 31, 2021, Virginia will increase the percentage of persons diagnosed with HIV infection who are virally suppressed to at least 80%.

Priority Population	Baseline: Where we started (2014)	Current: Where we are now (2017)
All persons living with HIV	38%	55%
Persons who inject drugs	34%	48%
Transgender persons	46%	61%
Northern region	35%	46%
Eastern region	26%	54%
55 years and older	37%	54%



Goal 3: Reduce HIV-related disparities  
and health inequities.

Virginia will reduce disparities in the rate of new HIV diagnosis by at least 15% in the following groups:

Priority Population	Baseline: Where we started (2014)	Current: Where we are now (2017)
Gay and bisexual men	443.3 per 100,000	238.6 per 100,000
Black/African American females	16.0 per 100,000	13.4 per 100,000*
Persons diagnosed in the Eastern region	17.8 per 100,000	16.6 per 100,000
Hispanic/Latino persons diagnosed in the Northwest region	5.5 per 100,000	8.0 per 100,000
Transgender persons (greater than or equal to 13 years of age)	54.1 per 100,000	89.9 per 100,000*

# Late Diagnosis

- Late diagnosis is defined as:
  - Persons diagnosed with AIDS at time of initial diagnosis.
  - Persons diagnosed with AIDS within one year of initial HIV diagnosis.
- Persons who are diagnosed late:
  - May have lower response to HIV treatment
  - May have higher risk of health complications
  - Increased risk of HIV transmission to others

By December 31, 2021, VDH will increase the percentage of timely diagnosis from 75.5% to 90%.

Priority Population	Baseline: Where we started (2014)	Current: Where we are now (2016)
All newly diagnosed persons	76%	78%
Hispanic/Latino persons	60%	74%
Northwest region	63%	73%
Northern region	68%	73%
Persons diagnosed at 55 years or older	55%	60%
Persons who inject drugs	56%	63%
Females	68%	74%



Goal 4: Achieve a more coordinated Virginia response to the HIV epidemic.

By December 31, 2021, VDH will increase the timeliness, completeness, and accuracy of data on persons living with and at-risk for HIV in Virginia.

2014

• 67%

2017

• 80%

Completeness of *current gender* in HIV surveillance system for continued development and provision of services and programs essential to the needs of the trans and gender non-conforming community

# Notes on Progress of the Integrated HIV Services Plan Goals

- Virginia is making progress in the right direction for most Integrated Plan goals.
- Availability, timeliness, and completeness of data can affect measurement of Integrated Plan goals.
- *How can we use the information on the progress of the Integrated Plan for more effective HIV care and prevention planning?*

# Questions?

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